

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 388 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

DAWAN K FEELY / Royal Movers and Delivery Services  
(Please type or print)

Submitted by: DAWAN K FEELY

Telephone: (803) 554-5367 - Dawan

Address: 126 Woodside Village Dr  
Rock Hill, SC 29730

Fax: (803) 939-6879

Other: (803) 413-2712 - Wesley

Email: info@movewithroyalty.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input checked="" type="checkbox"/> Other: <u>Please Expedite</u>      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*JS*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 8/31/11

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is \_\_\_\_\_. My certificate was revoked/  
cancelled on \_\_\_\_\_ because \_\_\_\_\_.

I am seeking reinstatement because \_\_\_\_\_  
\_\_\_\_\_

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Royal Movers & Delivery Services, LLC

126 Woodside Village Dr, Rock Hill SC 29730  
Street Address of Applicant

1051 Albright Rd, suite 101, Rock Hill, SC 29730  
Mailing Address of Applicant if different from street address

(803) 554-5367 (803) 939-6879  
Phone FAX

info@movewithroyalty.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Dawan Feely - 126 Woodside Village Dr, Rock Hill, SC 29730  
Wesley Evans - 131 Woodside Village Dr, Rock Hill, SC 29720

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4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only      ☐ Interstate Only      ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes      ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of convictions below.*

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7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes      ☒ No

*If yes, list dates and nature of revocations below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2011

**Assets:**

Cash	\$ 3,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 10,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	\$ 500.00
Supplies on Hand	\$ 1500.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$15,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	\$ 7,500.00
Accrued Salaries and Wages	\$ 1000.00 mth
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>\$ 8,500.00</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>\$ 0.00</b>
<b>Total Liabilities and Equity</b>	<b>\$ 8,500.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

(Moves)

- Piano moves: \$ 200.00
- \$200 minimum with 2 men
- \$75 Dollars per hr with 2hr minimum

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Statewide

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Royal Movers and Delivery Services, LLC  
Name of Motor Carrier

126 Woodside Village Dr, Rock Hill, SC 29730  
Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 2,642.00

Limits 750,000

Cargo Insurance \$ 6,439.00

Limits 5,000.00

\* Attach Certificate of Insurance if available.

Allstate Insurance Co. / Corey Hinson + Associates  
Name of Insurance Company

7940 Williams Pond Ln, Suite 275 Charlotte, NC 28277  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/12/11  
Date

Charli Montgomery  
Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

UPLOAD MESSAGE: This application has not been uploaded.

PROGRESSIVE  
PO Box 94698  
Cleveland, OH 44101  
1-800-895-2886 FB-86020

TODAY'S DATE: 09/08/11  
RATE REVISION: 07/11 V02.02  
EFFECTIVE DATE: 09/08/11  
QUOTE NUMBER: D09081103  
POLICY NUMBER: 00000000-0

### PROGRESSIVE QUOTE SHEET

POLICY PERIOD: ANNUAL  
PAY METHOD: 12-EFT8.33%

LEVEL: ADVANTAGE

BUSINESS TYPE: TRUCKING FOR-HIRE  
SUB BSNS TYPE: HOUSEHOLD MOVERS  
INSURED'S E-MAIL:  
NONE

INSURED'S INFORMATION:	#	DRIVER NAME	AGE	ST	PTS	MRTL	SR22	EXCL
ROYAL MOVERS AND DELIVERY	1	DAWAN FEELY	31	M	0		N	N
SERVICES LLC	2		32	M	0		N	N
1051 ALBRIGHT RD 101	3		35	M	0		N	N
ROCK HILL , SC 29730-								-
INSURED'S PHONE: (803)554-5367								-

### VEHICLE INFORMATION

VEH	BDY	PERS	GARAGE	CUR	PAE	TOTAL	DR
# YR MAKE MODEL	TYP USE	USE	ZIP TER	VEH VALUE	VEH VALUE	STATED AMOUNT RADI	NO
1 2000 FORD BOX	40 H	N	29730 27	0		100	3
2 1992 GMC TOPKICK	41 H	N	29730 27	0		100	1
3 2001 GMC BOX	40 H	N	29730 27	0		100	2

### COVERAGES

MODEL YR	2000	1992	2001	VEH	VEH	VEH
USE/BODY	H/40	H/41	H/40	1	2	3
BI-PD	750 CSL	750 CSL	750 CSL	1924	2070	2026
UMBI	750 CSL	750 CSL	750 CSL	78	78	78
UIM	NONE	NONE	NONE	0	0	0
UMPD	750 CSL	750 CSL	750 CSL	11	16	11
UIMPD	NONE	NONE	NONE	0	0	0
MED-PAY	5,000	5,000	5,000	51	42	54
FR-THFT	N/A	N/A	N/A	0	0	0
COMP	N/A	N/A	N/A	0	0	0
COLL	N/A	N/A	N/A	0	0	0
RENTAL	NONE	NONE	NONE	0	0	0
DWNTM	NONE	NONE	NONE	0	0	0
ROADSD	NONE	NONE	NONE	0	0	0
ON-HOOK	NONE	NONE	NONE	0	0	0
NON-TRK-BIP	NONE	NONE	NONE	0	0	0

2064 2206 2169  
Dr #/Marital/Age: 3M35 1M31 2M32

SubTotal

6439.00

Add'l Coverages

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

09/12/11

**PRODUCER**

Corey Hinson & Associates  
7940 Williams Pond Lane, Ste 275  
Charlotte, NC 28277

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

Royal Movers And Delivery Services, LLC  
126 Woodside Village Dr.  
Rock Hill, SC 29730

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Allstate Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

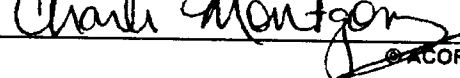
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	048979809	06/16/2011	06/16/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**Exhibit FWA**

Royal Movers and Delivery Services, LLC  
Name

2044514 SC

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

This 1<sup>st</sup> day of September, 2011

SWORN TO BEFORE ME

Robbie L. Coakett  
Notary Public MY COMMISSION EXPIRES  
OCTOBER 11, 2014

Dan K. Feely  
Applicant's Signature

Commission Expires \_\_\_\_\_

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF York

Dawan K Feely  
Applicant's Signature

I, Dawan K Feely / DAWAN K FEELY, OWNER - OPERATOR  
Name of Applicant's Representative Title

of Royal Movers & Delivery Services, LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

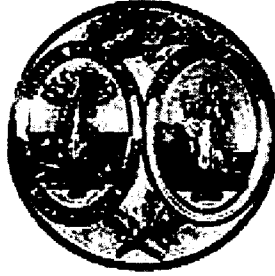
Dawan K Feely  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of September 2011

Robbie L. Crockett  
Notary Public

Commission Expires **MY COMMISSION EXPIRES**  
**OCTOBER 11, 2014**

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

ROYAL MOVERS & DELIVERY SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 10th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 3rd day of August,  
2010

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

[Print](#) | [Close Window](#)

**Subject: USDOT NUMBER**

**From: "PERMITS PLUS INC" <tina@permitsplus.com>**

**Date: Fri, Jun 11, 2010 2:31 pm**

**To: <INFO@FLUSHINVESTMENTS.COM>**

The USDOT number assigned is: 2044514 SC

The USDOT Person Identifier (PIN) is: 9I60UU8A

If you have any questions please call me @ 1-877-722-8059.

Thank You

Tina

Permits Plus Inc

Copyright © 2003-2010. All rights reserved.

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Aug 03 2010

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

100803-0008

Filed: 6/10/2010

ROYAL MOVERS & DELIVERY SERVICES, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is ROYAL MOVERS & DELIVERY SERVICES, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

1051 ALBRIGHT RD STE 101

Street Address

ROCK HILL SC

297306200

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

DAWAN FEELY

Electronically filed on SCBOS.

Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

126 WOODSIDE VILLAGE DR

Street Address

ROCK HILL SC

297305094

City

Zip Code

4. The name and address of each organizer is

a) DAWAN FEELY

Name

126 WOODSIDE VILLAGE DR

Street

ROCK HILL

SC US

297305094

City

State

Zip Code

b) WESLEY EVANS

ROYAL MOVERS & DELIVERY SERVICES,  
LLC

Name of Corporation

Name

131 WOODSIDE VILLAGE DR

Street

ROCK HILL

SC US

297305095

City

State

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members:
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:  
2010-06-10
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
- Electronically filed on SCBOS.  
Refer to attached signature page.
- Date 2010-06-10